SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the

	FOR LINE NUMBER:						PAGE		6	OF	101
(check only one)											
		X	11a		11b		11c		12	2	
			13		14		15		16	6	17

Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Democratic Executive Committee of Florida Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Baker, Jerome, , , Date of Receipt Mailing Address 4340 Palm St 2019 City Zip Code State Transaction ID: VR0BAMK5740 FL Saint Augustine 32084-7303 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **Event Production** Invnt Receipt For: Aggregate Year-to-Date ▼ Primary General Earmarked through ACT Blue 300.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Baron, Richard, , , Date of Receipt Mailing Address 720 Olive St 2019 City State Zip Code Transaction ID: VR0BAMKCYX1 MO Saint Louis 63101-2338 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) McCormack Baronsalazar Developer Receipt For: Aggregate Year-to-Date ▼ Primary General Earmarked through ACT Blue Other (specify) ▼ 300.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Barrow, Cynthia, , , Date of Receipt Mailing Address 3728 Torrey Pines Blvd 29 2019 City State Zip Code Transaction ID: VR0BAMKAQ19 FL Sarasota 34238-2829 Amount of Each Receipt this Period FEC ID number of contributing C 380.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Family Therapist Self Receipt For: Aggregate Year-to-Date ▼ Primary General 380.00 Other (specify) 580.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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